

Case Number:	CM15-0010123		
Date Assigned:	01/27/2015	Date of Injury:	06/05/2012
Decision Date:	03/25/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/16/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York
 Certification(s)/Specialty: Emergency Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 57 year-old female who has reported mental illness and widespread pain after falling on 6/5/12. She has reported pain in the neck, back, shoulders, wrist, hands, and knees. The diagnoses have included neck sprain, left knee contusion, knee osteoarthritis, and right shoulder/arm sprain. Treatment has included a left total knee replacement on 6/3/13. Other treatment has included medications, knee injection, lumbar nerve blocks, occupational therapy, trigger finger release, cognitive behavioral therapy and physical therapy. A course of approximately 9 visits of PT was prescribed early in care. 12 more visits of physical therapy were prescribed on 8/13/12. An additional course of physical therapy was completed after the knee surgery. A knee bone scan on 5/27/14 did not showed no loosening of the prosthesis. A lumbar MRI in January 2014 showed no significant pathology. Per a PR2 of 12/10/14, there was a bone scan of 10/25/13 which showed non-specific uptake around the prosthesis. There was ongoing pain, presumably of the knee. The exam of the left knee was notable for swelling, limited range of motion, and slight heat. The treatment plan included a bone scan to rule out infection, cognitive behavioral therapy, lumbar MRI, right knee MRI, left lumbar sympathetic block, physical therapy for use after the block. Work status was modified. There was no discussion of the signs or symptoms relevant to Complex Regional Pain Syndrome, the right knee, psychopathology, or the low back. The medical records have a reference to a report of 11/5/14 that may contain more information about the current requests. That report is not in the available records. On 1/5/15 Utilization Review non-certified an MRI of the lumbar spine, MRI of the right knee, left lumbar sympathetic block and physical therapy based on lack of sufficient

indications and the cited guidelines. The MTUS and Official Disability Guidelines (ODG) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

MRI of the lumbar spine without contrast x 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back Summary; MRI's

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 290, 303.

Decision rationale: The treating physician has not described the clinical evidence of significant pathology discussed in the MTUS, such as "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination". No "red flag" conditions are identified. The treating physician has not provided an adequate clinical evaluation, as outlined in the MTUS ACOEM Guidelines Pages 291-296. The treating physician has not provided specific indications for performing an MRI. This patient does not fit the MTUS criteria for invasive procedures, such as epidural steroid injection or spine surgery. An MRI of the lumbar spine is not medically necessary based on lack of sufficient indications per the MTUS.

MRI of the right knee x 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Knee and Leg Procedure Summary (Updated 10/27/2014)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 332-335, 341, 343, 344-345, 347.

Decision rationale: Per the ACOEM Guidelines Page 341, special studies are not needed to evaluate most knee conditions until after a period of conservative care and observation. Page 343 lists surgical indications: activity limitation for more than one month, failure of an exercise program. Page 347 lists the clinical findings which indicate the need for surgery. In this case the question would be whether there is a realistic possibility of significant intra-articular pathology and need for surgery after a failure of conservative care. The available reports do not adequately explain the kinds of conservative care already performed. The necessary components of the knee exam are not present, see pages 332-335 of the ACOEM Guidelines. There is no evidence of a period of conservative care prior to prescribing the MRI, and the necessary components of the examination are not provided. The MRI is not medically necessary based on the MTUS and lack of specific indications.

Left lumbar sympathetic block under fluoroscopic guidance x 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Blocks for CRPS Page(s): 39.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, sympathetic and epidural blocks Page(s): 39.

Decision rationale: The available reports do not provide the necessary signs and symptoms to support a diagnosis of Complex Regional Pain Syndrome or other diagnosis for which sympathetic blocks might be indicated. The 12/10/14 report did not provide any information about the proposed indications for the block. Although a sympathetic block might be an option for Complex Regional Pain Syndrome, the current clinical information does not provide an adequate basis for any condition that might be an indication for this procedure. The sympathetic block is not medically necessary given the lack of any supporting clinical information.

Physical therapy 2 x 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction, functional improvement, Physical Medicine Page(s): 9, 98-99.

Decision rationale: The physical therapy was prescribed for use after the proposed sympathetic block. Per the discussion above, the block was not supported by enough clinical information. Given that the physical therapy was to be performed in relation to this block, the physical therapy is also not medically necessary. Were there to be a sympathetic block performed, physical therapy is indicated in the post-treatment period per guidelines.